

# FRAZIER PARK 4 X 4 CLUB

## MEMBERSHIP APPLICATION

Please check one: Individual \_\_\_\_\_ Family \_\_\_\_\_ Business \_\_\_\_\_

Please complete and return to a Board Member at the next meeting. Member dues must be included with application.

Individual - \$10/year      Family - \$20/year      Business - \$50/year

Last Name/Business Name: \_\_\_\_\_

First Name/Owner Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Other family members name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from mailing) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_ CDL # \_\_\_\_\_

### Vehicle Info

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

By signing below, I certify that I am at least eighteen (18) years old and will abide by the bylaws set forth by the FP 4x4 Club and will adhere to the principles of Tread Lightly.

Office use only:	Date submitted _____	Date approved _____
	Payment rec'd _____	Renewal year _____
	Cash _____ Ck# _____	CA4WD # _____